

Name of Policy: <u>Prescription Pad Management</u> Policy Number: 3364-133-96 Department: Pharmacy Approving Officer: Senior Hospital Administrator Responsible Agent: Director of Pharmacy Scope: University of Toledo Medical Center	 Effective Date: 06/01/2023 Initial Effective Date: 8/1/2012
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	
<input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

(A) Policy Statement

The Inpatient Pharmacy provides secure storage and distribution of prescription pads for medical staff with prescribing authority from The University Of Toledo Medical Center.

(B) Purpose of Policy

To provide secure storage and distribution of prescription pads signed out from the inpatient pharmacy to medical staff with prescribing authority and stored inside Automated Dispensing Cabinets for individual prescriptions dispensed per patient for use by the attending prescribers from the University Of Toledo Medical Center.

(C) Procedure

Physician Sign Out Through Inpatient Pharmacy

1. Medical staff with prescribing authority must show the pharmacy their University of Toledo Medical Center ID badge in order to sign out prescription pads.
2. Valid prescribers with privileges at UTMC may obtain blank prescription pads include the following:
 - a. Attending Physicians
 - b. Resident Physician
 - c. Physician assistants
 - d. Clinical Nurse Practitioners who have prescribing authority
3. Prescribers may sign out no more than 1 prescription pad each containing 50 scripts per pad from the inpatient pharmacy.
4. A log will be kept in pharmacy that includes the following:
 - a. Date/Time prescription pad(s) were signed out
 - b. The number of the beginning and ending numbers on the prescription pad(s)
 - c. Printed name of prescriber signing out prescription pad(s)
 - d. Signature of prescriber
 - e. Initials of pharmacy staff member
5. Prescribers must notify security of lost or stolen prescription pads.
6. A log will be kept in pharmacy of lost or stolen prescription pads that includes the following:
 - a. Date/Time prescription pad(s) were lost or stolen
 - b. Prescribers name printed
 - c. Prescribers signature
 - d. Area or building prescription pad lost or stolen
 - e. Numbers lost

